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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email A	ddress:		

LLC REGISTERED AGENT CHANGE **AXIS PURCHASING, LLC**

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CEC 0 7 2023 K Brumbley TO:

Registration Section

COVER LETTER

Divisi	ion of Corporations					
SUBJECT:	Axis Purchasing,	LLC				
SOBJECT:	Name of Limited Liability Company					
Dear Sir or M	adam:					
The enclosed	Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	his matter to the	ne following:			
Lori Whalen						
	Name of Person	-				
Registered Age	ent Solutions, Inc.					
	Firm/Company					
Corporate Cent	ter One, 5301 Southwest Pkwy, Ste	400				
	Address					
Austin, TX 787	735					
	City/State and Zip Code		···········			
E mail a	ddress: (to be used for future an	nual rapart no	tification)			
			uncauon)			
For further in	formation concerning this matter	, piease can:				
Lori Whalen		888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
Regis Divis P.O.	ing Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclo	sed is a check for the following	g amount:				
□ \$2:	5 Filing Fee	۵	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company:		307 \\	averley Oa	yke Road		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 401	(b)	401	Mailing add	dress of limited	-	
	401	_					
	Waltham, MA 02452	_	Walthai	m, MA 024	152		
	8/14/2017	l	.1700017	73170			
3.	Date of filing/registration in Florida			Docume	nt number		
5. (a)	TRAC - The Registered Agent Company						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	— ate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	236 E. 6th Avenue						
	Tailahassee . Ft	32303		_			
21 N	Registered Agent Solutions, Inc.				•	202	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		-)023 DEC	2
					: •		3.5
	2894 Remington Green Ln.				-	9-	一元五百
	NEW Registered Office Address:					E	
	Ste. A					ယ္	•
	-					81	
	Tallahassee , FL	32308					
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability con of the limi	l office an npany, it red liabili	nd the busi is hereby o ity compar	iness office of confirmed the	of the reg at the ch	gistered ange(s)
/s ^j	Jaclyn Wright	Jacly	n Wright		Authori	zed Pe	rson
Signa	ture of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		Printed or	typed name of	signee	
	by accept the appointment as registered agent and agr	ree to act i	n this cap	pacity. I fu	irther agree i	to compi	ly with the
provisi the obl to mere	ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is mariting of this change. Machangia Hibbar Acet Sages	d for in Cl	ianter 60	15. F.S. Or	. If this docu	ment is i	being filed -